



MAY 29 2007

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2006</b> <b>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</b>		Docket Number (Optional)  2001.662USD2
Application Number	10/693,802	Filed  October 23, 2003
For <b>PROCESS FOR RAPID SOLUTION SYNTHESIS OF PEPTIDES</b>		
Art Unit	1639	Examiner  Jon D. Epperson
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60      \$ 120.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225      \$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510      \$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795      \$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080      \$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>01-1350</u> .		
I am the	<input type="checkbox"/>	applicant/inventor.
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
	<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number <u>37,350</u>
	<input type="checkbox"/>	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34
<u>Susan Hess</u> Signature		May 25, 2007 Date
<u>Susan Hess</u> Typed or printed name		973.422.7474 Telephone Number

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

May 25, 2007

Date \_\_\_\_\_

973.422.7474

**Telephone Number**

For more information about the study, please contact Dr. John P. Wilson at (404) 727-6777 or via e-mail at [jpwilson@veterans.gov](mailto:jpwilson@veterans.gov).

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